BLUE CROSS OF NORTHEAST OHIO
FINANCIAL AND STATISTICAL STATEMENTS
DECEMBER, 1962

BOARDS MR7 2368.42 8625 K



## EXHIBIT A

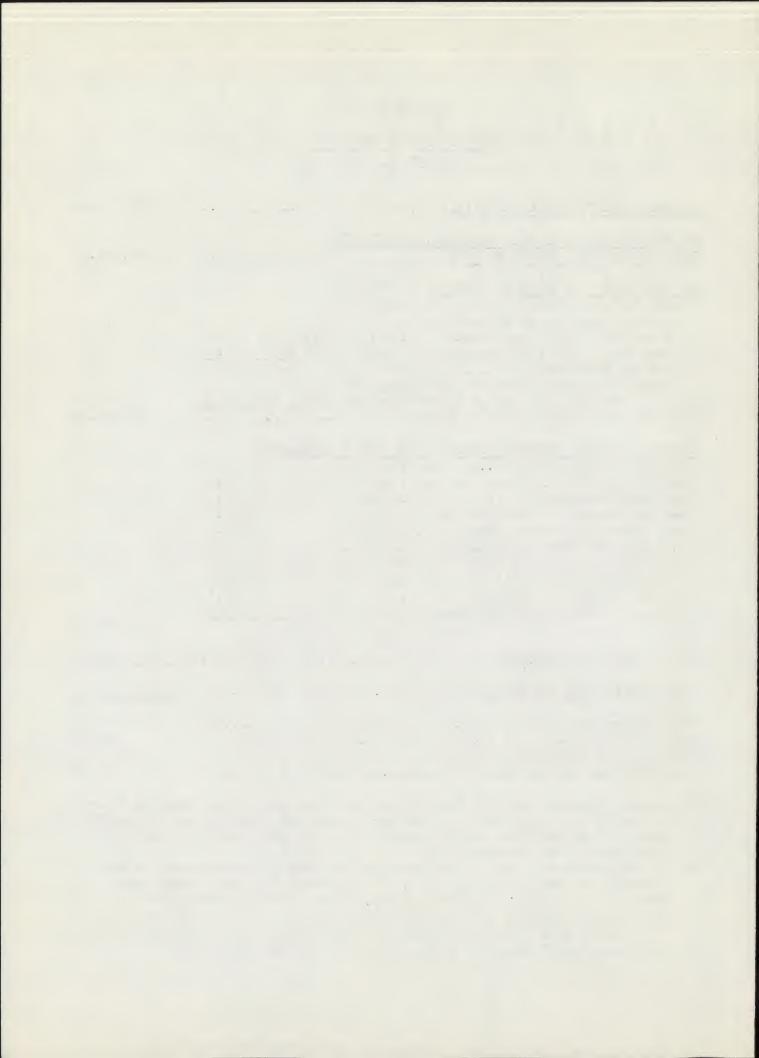
# ASSETS December 31, 1962

CASH  Deposits in Commercial Accounts  Savings Deposits at Interest  On Hand	\$ 4,261,236.67 538,601.91 650.00	\$ 4,800,483.58
INVESTMENTS United States Government Securities Public Utility & Industrial Securities	15,866,278.76 271,528.50	16,137,807.26
ACCRUED INTEREST		165,915.09
ACCOUNTS RECEIVABLE Group Subscribers  Medical Mutual of Cleveland, Inc Ohio Medical Indemnity, Inc Advances for Other Service Plans Inter-Plan Service Benefit Bank Prepaid Premiums - Employees' Retirement Plan.	1,473,598.10 77,576.95 20,818.24 61,412.39 322,749.95 47,770.17	2,003,925.80
TOTAL ADMITTED ASSETS		\$23,108,136.73
MEMORANDUM ACCOUNT - NON-ADMITTED ASSET: Air Travel Deposit	\$ 425.00	

#### EXHIBIT B

## LIABILITIES AND RESERVES December 31, 1962

UNEARNED INCOME (LEGAL RESERVE)	\$ 5,466,725.66
DUE HOSPITALS FOR ACCRUED BILLINGS, INCOMPLETE, UNDISCHARGED AND UNREPORTED CASES	9,729,341.22
DUE HOSPITALS FOR ADJUSTED PAYMENTS Payments (or Refunds) required to adjust	
tentative payments to audited rates:  First Half, 1962 (Preliminary)	4,133,403.61
ACCOUNTS PAYABLE, ACCRUED ACCOUNTS, AND OTHER LIABILITIES  General Accounts Payable	
Ohio Medical Indemnity, Inc	
RESERVE FOR CONTINGENCIES	
TOTAL LIABILITIES AND RESERVE	
Total Persons Protected	\$2.02
<ul> <li>(A) Current Hospital Billings are paid at tentative rates, and (or Credits) as shown above at (A) are due at the close of period to adjust these tentative payments to hospital audit service rendered to Subscribers.</li> <li>(B) The Inter-Hospital Agency Contract provides that no payment to Hospitals which will reduce the Contingencies Reserve to one-half the preceding month's income. Compliance with this requires that a part, shown above at (B), of the total sum be recorded as a Contingent Liability, payable only out of</li> </ul>	Adjusted Payments each six-month ed costs of s may be made less than s provision due Hospitals,
(C) At minimum level required by the Inter-Hospital Agency Cont	ract.



# EXHIBIT C

# STATEMENT OF INCOME AND EXPENSE December, 1962

	DECEMBER	FIRST HALF	LAST HALF	YEAR TO DATE
INCOME Earned Income from Subscribers	\$6,974,603.03	\$42,780,066.06	\$42,313,933.76	\$85,093,999.82
EXPENSE Administrative Expense	215,425.31	986,686.49	1,014,955.61	2,001,642.10
Estimated Incurred Claims for Hospital Care at Tentative rates	6,740,000.00	40,863,665.62	41,659,000.00	82,522,665.62
Hospital Costs	504,300.00 7,244,300.00	2,301,040.17	2,990,000.00	5,291,040.17 87,813,705.79
Claims, etc	7,509.96	98,915.22	83,153.22	182,068.44
INCOME	-477,612.32	-1,272,411.00	-3,266,868.63	-4,539,279.63
OTHER INCOME AND ADJUSTMENTS Income from Investments	59,009.58 609.39 59,618.97	352,653.06 3,702.52 356,355.58	331,119.22 3,674.68 334,794.10	683,772.28 7,377.40 691,149.68
ADJUSTMENT TO CONTINGENCIES RESERVE DUE TO DETERMINATION OF ACTUAL HOSPITAL SERVICES INCURRED, 1961.	-0-	160,623.48	-0- -2,932,074.53	160,623.48
CONTINGENT LIABILITY (TO BE PAID ONLY OUT OF FUTURE EARNINGS).	400,863.37	-0-	1,157,636.56	1,157,636.56
NET CHANGE IN CONTINGENCIES RESERVE (A)	\$ -17,129.98	\$ -755,431.94	\$-1,774,437.97	\$-2,529,869.91
(A) Decreiping to maintain Onetiment	40	Total	Total Manital Manital Amount Contract	+000

<sup>(</sup>A) Provision to maintain Contingencies Reserve at minimum level required by Inter-Hospital Agency Contract.



### EXHIBIT D

# ADMINISTRATIVE EXPENSE December, 1962

EXPENSE	FOR THE	E MONTH 1961	CUMUI 1962	1961
Salaries - General Salaries - Branch Office Travel Automobile Expense Rent and Light Association Dues Legal Expense Furniture and Equipment Equipment Rental Printing, Stationery & Supplies Books and Periodicals Postage and Express Telephone and Telegraph Collection (Bank Charges) Advertising Insurance - General Employee Welfare	\$124,051.76	\$116,493.34	\$1,517,987.20	\$1,495,075.61
	5,064.21	4,886.51	62,940.93	60,499.67
	828.96	893.34	8,914.80	11,910.26
	2,158.92	2,590.83	28,500.59	30,190.33
	17,755.70	17,506.19	211,557.84	208,581.89
	2,918.00	2,929.00	42,927.50	42,835.00
	10,439.08	25.00	42,659.02	17,136.85
	1,299.14	6,022.30	28,243.28	34,385.75
	14,450.51	11,985.81	161,278.33	144,794.22
	52,204.89	13,694.62	243,553.95	193,496.88
	255.72	427.79	2,339.44	2,813.71
	17,173.83	7,917.15	94,323.58	83,914.60
	6,130.51	6,043.82	77,978.08	75,306.89
	2,089.64	1,988.60	25,476.14	25,915.32
	7,958.78	2,410.78	94,272.94	64,452.39
	-0-	5.86	3,732.98	15,007.84
	13,732.50	15,245.08	189,659.05	182,060.97
	848.26	750.00	11,117.02	9,500.00
	7,933.24	10,962.15	100,066.79	99,600.33
	21,948.69	1,448.07	33,014.96	12,612.55
	4,050.00	3,795.00	48,654.00	45,631.19
	216.99	312.61	3,532.22	2,468.81
	2,894.14	5,189.56	103,217.35	76,843.41
	-15.00	-0-	2,122.41	1,924.05
	-0-	30,000.00	15,167.08	30,000.00
	\$316,388.47	\$263,523.41	\$3,153,237.48	\$2,966,958.52
Less: Service Charges:  Medical Mutual of Cleve., Inc Ohio Medical Indemnity, Inc Inter-Plan Bank Medicare Program Federal Employees' Program	77,576.95	67,615.48	892,179.42	825,572.26
	18,534.61	15,659.79	213,977.67	189,807.91
	2,814.00	2,319.00	29,364.00	27,450.00
	537.60	222.83	5,859.96	4,488.07
	1,500.00	834.00	10,214.33	29,060.18
	\$100,963.16	\$ 86,651.10	\$1,151,595.38	\$1,076,378.42
	\$215,425.31	\$176,872.31	\$2,001,642.10	\$1,890,580.10
Percentage of Expense to Income	3.09	2.50	2.35	2.29





